Enclosure 1

Short-Doyle/Medi-Cal Claim Payment Advice (835)

NOTES:

Specialty Mental Health Services

Update CORE code Combinations for CAQH CORE 360 CARC and RARCs: As of **05/1/2018** version 3.4.2, published 11/01/2017.

CARC/RARC Changes

Description	Revised Description (if applicable)	Group / Reason /	-	-	-	-	=	-	-	-	-	=
		Remark	/ Remark	/ Remark	/ Remark	/ Remark	/ Remark	/ Remark	/ Remark	Remark	Remark	/ Remark
Denial of a Service Line for IMD services of a beneficiary not eligible due to age restrictions.												CO/6/N129
Denies the claims/service lines when PO Box, Lock Box, Lock Bin, Post Office Box or variations is populated in the Service Facility Location Address.											CO/16/N294	
Missing, incomplete, invalid rendering provider primary identifier										CO/16/N290		

NOTES:

Specialty Mental Health Services

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CARC/RARC Changes

Description	Revised Description (if applicable)	03/10/2014 and earlier Group / Reason / Remark	Updated 03/11/2014 to date unless otherwise indicated Group / Reason / Remark	Updated 06/05/2014 to date unless otherwise indicated Group / Reason / Remark	Updated 12/08/2014 to date unless otherwise indicated Group / Reason / Remark	Updated 06/08/2015 to date unless otherwise indicated Group / Reason / Remark	Updated 09/08/2015 to date unless otherwise indicated Group / Reason / Remark	Updated 08/23/2016 to date unless otherwise indicated Group / Reason / Remark	Updated 01/10/2017 to date unless otherwise indicated Group / Reason / Remark	Updated 04/10/2018 to date unless otherwise indicated Group / Reason / Remark	Updated 05/08/2018 to date unless otherwise indicated Group / Reason / Remark	Updated 06/05/2018 to date unless otherwise indicated Group / Reason / Remark
Date of Birth submitted on the 837 (Loop 2010BA Subscriber Demographic Information segment, element DMG02) is not equal to Date of Birth indicated on MEDS at time of adjudication.									CO/16/N327			
Gender submitted on the 837 (Loop 2010BA Subscriber Demographic Information segment, element DMG03) is not equal to Gender indicated on MEDS at time of adjudication.									CO/16/MA39			
ICD-10 Missing/incomplete/invali d diagnosis or condition							CO/16/M76					
ICD-10 Missing/incomplete/invali d procedure code(s)							CO/16/M51					

NOTES:

Specialty Mental Health Services

Update CORE code Combinations for CAQH CORE 360 CARC and RARCs: As of **05/1/2018** version 3.4.2, published 11/01/2017.

CARC/RARC Changes

04/10/2018 Update added denial code regarding rendering provider number. **05/08/2018** Update added denial code regarding PO Box, Lock Box, Lock Bin, Post Office Box.

06/05/2018 Update added denial code regarding age eligiblity retriction.

	Revised Description (if applicable)	03/10/2014 and earlier Group / Reason /	Updated 03/11/2014 to date unless otherwise indicated	Updated 06/05/2014 to date unless otherwise indicated	Updated 12/08/2014 to date unless otherwise indicated	Updated 06/08/2015 to date unless otherwise indicated	Updated 09/08/2015 to date unless otherwise indicated	Updated 08/23/2016 to date unless otherwise indicated	Updated 01/10/2017 to date unless otherwise indicated	Updated 04/10/2018 to date unless otherwise indicated	Updated 05/08/2018 to date unless otherwise indicated Group / Reason /	Updated 06/05/2018 to date unless otherwise indicated
		Remark	/ Remark	/ Remark	/ Remark	/ Remark	/ Remark	/ Remark	/ Remark	Remark	Remark	/ Remark
Service line is submitted with a \$0 Line Item Charge Amount.		-/-/M54	-/-M54									
Therapeutic Behavioral Services valid only when beneficiary's age on Date of Service is less than or equal to 21 years.		CO/6/-	CO/96/N129									
Service line is a duplicate service.		CO/18/M80	CO/97/M86									
Service line is a duplicate and a repeat service procedure modifier is not present.		CO/18/M86	CO/97/M86									
Other health coverage must be billed before the submission of this claim		CO/22/-	CO/16/N479		CO/22/-							

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Specialty Mental Health Services

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	, ,	Group / Reason / Remark	Group / Reason / Remark	Group / Reason / Remark	Group / Reason / Remark	Group / Reason / Remark						
	Medicare must be billed prior to the submission of this claim – Medi-Medi.	CO/22/N192	CO/16/N479		CO/22/N479							
OHC = F, must be billed prior to the submission of this claim					CO/16/N479							
Healthy families partial month eligibility restriction, Date of Service must be greater than or equal to date of Date of Eligibility.		CO/26/– and CO/200/-	CO/26/N30					CO/177				
Late claim denial.		CO/29/–	CO/29/N30		CO/29/-							
Aid code invalid for Medi- Cal specialty mental health billing.		CO/31/-	CO/31/-					CO/177				

NOTES:

CO/119/N362

CO/96/M86

Specialty Mental Health Services

Update CORE code Combinations for CAQH CORE 360 CARC and RARCs: As of **05/1/2018** version 3.4.2, published 11/01/2017.

CARC/RARC Changes

When added to previously billed services, this service

exceeds total maximum allowed per day.

		06/05/2018 Update	e added denial code	e regarding age eli	giblity retriction.							
	Revised Description (if	03/10/2014 and earlier	Updated 03/11/2014 to date unless otherwise indicated	Updated 06/05/2014 to date unless otherwise indicated	Updated 12/08/2014 to date unless otherwise indicated	Updated 06/08/2015 to date unless otherwise indicated	Updated 09/08/2015 to date unless otherwise indicated	Updated 08/23/2016 to date unless otherwise indicated	Updated 01/10/2017 to date unless otherwise indicated	Updated 04/10/2018 to date unless otherwise indicated	Updated 05/08/2018 to date unless otherwise indicated	Updated 06/05/2018 to date unless otherwise indicated
	applicable)	Group / Reason / Remark	Group / Reason / Remark	Group / Reason / Remark	Group / Reason / Remark	Group / Reason / Remark						
Invalid revenue code, procedure code, and modifier combination.		CO/109/– and CO/199/-	CO/96/N216									
Invalid procedure code and modifier combination.		CO/109/M51	CO/96/N216									
Service date cannot be later than submission date.		CO/110/N59	CO/110									
Single service exceeds maximum minutes per day.		CO/119/N20	CO/96/N362									

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Specialty Mental Health Services

Update CORE code Combinations for CAQH CORE 360 CARC and RARCs: As of **05/1/2018** version 3.4.2, published 11/01/2017.

CARC/RARC Changes

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Payment denied – prior processing information incorrect. Void/replacement error.		CO/129	CO/16/M47									
No discharge date permitted for interim claims.		CO/135	CO/119/M53		CO/16/N50							
All dates of service on claim must be within same calendar month, except discharge date can be 1st day of following month.		CO/151	CO/16/N63		CO/16/N61	CO/267/N74						
Invalid place of service for this procedure code.		CO/171/M77	CO/5/M77									
Invalid place of service for this Service Facility Location NPI.		CO/171/M143	CO/16/N521									

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Specialty Mental Health Services

Update CORE code Combinations for CAQH CORE 360 CARC and RARCs: As of **05/1/2018** version 3.4.2, published 11/01/2017.

CARC/RARC Changes

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		Group / Reason / Remark	Group / Reason / Remark	Group / Reason / Remark	Group / Reason / Remark	Group / Reason / Remark						
Beneficiary not eligible.	Beneficiary not eligible None of the Aid Codes assigned to CIN were eligible.	CO/177	CO/177									
Only SED services are valid for Healthy Families aid code.		CO/185	CO/96/N216					CO/177				
Therapeutic Behavioral Service valid only with a Full Scope Aid Code and an EPSDT Aid Code.		CO/204	CO/96/N216					CO/177				
Emergency Services Indicator must be "Y" or Pregnancy Indicator must be "Y" for this aid code.		CO/204/N30	CO/96/N216					CO/177				
Pregnancy Indicator must be "Y" for this aid code.		CO/204/N182	CO/96/N216					CO/177				

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Specialty Mental Health Services

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Professional claim (837P transaction type) denied, client aid code is restricted to inpatient mental health services				CO/204				CO/177				
Emergency Services Indicator must be "Y" for this aid code.		CO/204/N206	CO/204/N130					CO/177				
Number of units billed exceeds the maximum days allowed.		CO/A1/M53	CO/16/N345									
Invalid date range for a 24-hour service.		CO/A1/MA31	CO/16/MA31									
All 24-hour services must have an admission date.		CO/A1/MA40	CO/16/MA40									

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Specialty Mental Health Services

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	applicable)	Group / Reason / Remark	Group / Reason / Remark	Group / Reason / Remark	Group / Reason / Remark	Group / Reason / Remark						
Outpatient: Invalid procedure code for FFS. Inpatient: Invalid revenue code for HFP-IP.		CO/A1/MA66	CO/170/N95									
Services overlap an inpatient stay (service may be billed only if rendered on date of admission or date of discharge).		CO/A1/MA133	CO/96/N20				CO/96/M80					
Submitting county ineligible to use HFP-IP.		CO/A1/MA134	CO/B7/N570									
Service not payable with other service rendered on the same date.		CO/A1/N20	CO/96/N20				CO/96/M80					
Hospital Inpatient Admin Day- Lockout on Day of Admission.		CO/A1/N56	CO/16/M52									

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Specialty Mental Health Services

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		Remark	/ Remark	/ Remark	/ Remark	/ Remark	/ Remark	/ Remark	/ Remark	Remark	Remark	/ Remark
Day Treatment Services must be billed at 3 hours minimum.		CO/A1/N182	CO/16/M53									
Rendering provider taxonomy code for this service line does not match taxonomy on record for this Service Facility location.		CO/A1/N198	CO/16/N521									
Rendering provider taxonomy for this service line is not permitted to bill as Fee-For-Service provider.		CO/A1/N198	CO/170/N95									
Only 24 hour services may bill using a date range. All other service lines must use a single date of service.		CO/A1/N300	CO/16/M59		CO/16/N301							

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Incomplete/invalid Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payer).	provided on claim	CO/A1/N480	CO/16/N480									
Service Facility Location provider NPI is not eligible to provide this service within the submitting county.		CO/B7/-	CO/B7/N570									
Service Facility Location provider NPI is not eligible to provide this service.		CO/B7/N65	CO/B7/N570									
Service Facility Location provider NPI is not eligible to provide this service on this date of service.		CO/B7/N293	CO/B7/N570									

NOTES:

CO/5

Specialty Mental Health Services

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CARC/RARC Changes

Missing, incomplete,

invalid place of service

04/10/2018 Update added denial code regarding rendering provider number. **05/08/2018** Update added denial code regarding PO Box, Lock Box, Lock Bin, Post Office Box. **06/05/2018** Update added denial code regarding age eligiblity retriction.

CO/5/M77

			Updated									
		03/10/2014 and	03/11/2014 to	06/05/2014 to	12/08/2014 to	06/08/2015 to	<u>09/08/2015</u> to	08/23/2016 to	<u>01/10/2017</u> to	04/10/2018 to	05/08/2018 to	<u>06/05/2018</u> to
	Revised	earlier	date unless									
Description	Description (if		otherwise									
Description	applicable)		indicated									
	арріїсавіе)	Group / Reason / Remark	Group / Reason / Remark	Group / Reason / Remark	Group / Reason / Remark	Group / Reason / Remark						
The date of death precedes the date of service		CO/13	CO/13									